



**Missouri Department of Insurance, Financial Institutions & Professional Registration
Insurance Market Regulation Division
Life & Healthcare Section**

MISSOURI FILING GUIDELINES

These guidelines for filing requirements and filing fees are based on **Mo. Reg. 20 CSR 400-8.200**. Please review the regulation for additional information about filing with the Life & Healthcare Section. If you would like to speak to someone in the Life & Healthcare Section about filing, please call the L&H Section at **573-751-3365**.

<http://sos.mo.gov/adrules/csr/current/20csr/20c400-8.pdf>

<http://www.insurance.mo.gov/laws/index.htm>

Forms that must be submitted to DIFP for “Approval”

List these forms separately in the “Form Schedule” tab in SERFF.

- | | | |
|---------------------------------------|---|---|
| * Application / Enrollment forms | * HMO Provider Contracts | * LTC Personal Worksheets |
| * Endorsements / Riders / Amendments | * HMO Annual Written Access Plan | * LTC Suitability Letters |
| * Policies / Contracts / Certificates | * Life & Health Guaranty Association Notice | * Medicare Supplement – ALL forms EXCEPT advertising |
| * Reinstatement Requests/Notices | * LTC Partnership Delivery Notice | * Medicare Supplement – Outline of Coverage (See below for non-Med Supp OOCs) |
| * Rejection Notices | * LTC Partnership Disclosure Form | |
| * Replacement Notices and Disclosures | * LTC Partnership Exchange Notice | |
| * Schedule Pages | | |

If you aren’t sure which tab to attach a form to in SERFF and you don’t see your form listed in these Filing Guidelines, CONTACT THE L&H SECTION AT 573-751-3365.

Rates that must be submitted to DIFP for “Approval”:

List these forms separately in the “Rate/Rule Schedule” tab in SERFF.

Rate filings should be submitted in accordance with Mo. Reg. 20 CSR 400-8.200(6)

- | | |
|---------------|-----------------------|
| * Credit Life | * Medicare Supplement |
|---------------|-----------------------|

SEE BELOW FOR ADDITIONAL INFORMATION REGARDING RATE FILINGS

Forms that are “Filed” for informational purposes only, not “Approval”:

List these forms separately in the “Supporting Documentation” tab in SERFF.

- | | | |
|--|---|--|
| * Actuarial Notice/Descriptions | * Description of Separate Accounts | * Plan Designs |
| * All Advertising/Sales Material/Brochures | * Disclosure Statement/Annuity Disclosure | * Policy Delivery Receipt |
| * All Reports (see below) | * Explanation of variable policy language | * Previously approved forms |
| * Annual Life Illustrations | * Forms in foreign languages | * Renewal Notices |
| * Assignment Form | * HIV Consent Form | * Specification or Data Page |
| * Authorization to Obtain and Disclose Information | * Notice of Cancellation | * Things You Should Know Before You Buy Long Term Care Insurance |
| * Benefit Summary | * Notice of Informational Practices | |
| * Buyers Guide | * Outline of Coverage (EXCEPT Med. Sup.) | |

If you aren’t sure which tab to attach a form to in SERFF and you don’t see your form listed in these Filing Guidelines, CONTACT THE L&H SECTION AT 573-751-3365.



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Rates that are “Filed” for informational purposes only, not “Approval”:

List these forms separately in the “Rate/Rule Schedule” tab in SERFF.

Rate filings should be submitted in accordance with Mo. Reg. 20 CSR 400-8.200(6)

* General Rates (Not Credit Life or Med Supp.)

* Long Term Care

SEE BELOW FOR ADDITIONAL INFORMATION REGARDING RATE FILINGS

Reports

List reports in the “Supporting Documentation” tab in SERFF, unless instructed otherwise.

Every report listed below must be filed separately from every other report being filed.

Do not combine reports into a single filing.

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|---|---------------------------------------|--|
| * (5)(e) Association affidavits | * HMO Provider Incentive Arrangements | * Medicare Select Grievances |
| * Annual Report of Utilization Review Activities (all health plans) | * HMO Provider Selection Standards | * Medicare Select New Plan - Plan of Operation |
| * Certificate of Mental Health Compliance (all health plans) | * HMO Service Area Changes | * Medicare Select Quarterly Provider List |
| * HMO Annual Access Plan Supporting Documents | * LTC Denied Claims | * Medicare Supplement Multiple Policies |
| * HMO Annual Mental Health Confidentiality Report | * LTC Replacement and Lapse | * Medicare Supplement Refund Calculation |
| | * LTC Rescissions | * Small Employer Rate Compliance Certification |
| | * LTC Suitability | |

Filing Fees:

* Filing fees are billed monthly – do not remit payment with a filing.

* The general filing fee is \$50.00 per filing.

General Filing Guidelines and Requirements for All L&H filings

*** Checklists**

- For details about how your filing relates to Missouri Statutes and Regulations, please review the form filing checklists located on our web site at <http://www.insurance.mo.gov/industry/filings/checklists/index.htm>.

*** Form Numbers**

- Form numbers must be listed on the SERFF Form Schedule exactly as they are shown on the lower left hand corner of the face page of the form.
- Form numbers cannot be reused. If form numbers are not unique, the forms may be rejected.
- Only one attachment per form number is permitted.

*** Length/Size of submission:**

- The Life & Healthcare Section will give priority to filings consisting of less than the lesser of two hundred fifty (250) pages or twenty five (25) forms.



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General Filing Guidelines and Requirements for All L&H filings (cont'd)

*** Amendments and riders:**

- Amendments must amend policies, and not other amendments or riders. Riders must apply to policies, and not to amendments or other riders.
- Amendments and riders will only be approved for use with the specific policies identified by the company.
 1. If previously approved, the policy which will be affected by the amendment or rider must be identified by SERFF tracking number. If there is no SERFF tracking number, the previously approved policy and stamped approved TD-1 must be attached to the filing as supporting documentation. Any applicable amendment that affects the terms and conditions of the policy must also be similarly identified.
 2. If no policy has been previously approved, then the affected policy must be submitted for approval with the amendment or rider.

*** Extension requests:**

- If you receive a Follow Up Notice (15-Day follow-up notice) and you need more time than the notice allows, then you must request an extension of time by contacting the DIFP Analyst reviewing the filing.

*** Previously Approved Forms:**

- If you submit forms that have been previously approved, please place them on the Supporting Documentation tab of SERFF.

*** Approved vs. Filed:**

- If you aren't sure which tab to attach a form to in SERFF and you don't see your form listed in these Filing Guidelines, **CONTACT THE L&H SECTION AT 573-751-3365.**

*** Variable text:**

- No policy form will be approved for which the assigned reviewer is not reasonably comfortable that all variables are understandable and manageable.
- Carriers are asked supply the number of total policy forms that can be generated based on the variable text in a policy form filing (excluding variability stemming from cost-sharing ranges). If the carrier indicates that the total number of possible policies cannot be calculated, then DIFP will reject the policy form filing.

*** Insert pages and Matrix filings are not accepted in Missouri.**

*** Multi-Line forms are not accepted in Missouri.**

*** Substitution requests will not be fulfilled.**

- Once a file is closed, it will not be reopened. Changes or edits to previously Approved or Filed form filings will need to be submitted as a new filing with new form numbers.

*** Blanket health insurance coverage is not accepted as a Type of Insurance in Missouri.**

- Effective 6-1-10, the two "TOI" codes related to blanket health insurance coverage, H04.000 (Blanket Accident/Sickness) and H04.001 (Student), are de-activated in SERFF. Filers using either of these codes should instead use any of the other applicable codes (around 75 to choose from) that describes the type of coverage being issued.
- Effective 6-1-10, DIFP will reject filings where "Group Market Type" indicates "Blanket". Filers should review the types of groups listed in Missouri law at sections 376.421(and 376.691 and 376.693 if applicable), RSMo. If the group is not a defined, authorized group type, then the filer should indicate that the Group Market Type is "discretionary" and submit the affidavit for discretionary groups in 20 CSR 400-2.060.
<http://www.moga.mo.gov/statutes/C300-399/3760000421.HTM>
<http://sos.mo.gov/adrules/csr/current/20csr/20c400-2.pdf>

*** Out of state policies covering Missouri residents**

- Out of state certificates to be issued to Missouri residents should be filed separately from all other forms.
- Out of state certificates are expected to contain no variable text because there is no obligation to file until such time as the company has issued the coverage to a group known to include Missouri residents.
- See the "Out-of-state group policy form" memo posted at <http://insurance.mo.gov/industry/filings/lh/index.php>.



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Filing Guidelines for Rates:

*** Medicare Supplement**

- 1990 and 2010 experience must be combined in all future rate filings.
- If file contains 1990 plans only, use TOI code MS05 (MS04 for Select plans)
- If file contain 2010 only, use TOI code MS08 (MS07 for Select plans)
- If file contains both 1990 and 2010, use TOI code MS08 (MS07 for Select plans)
- Attach BOTH a pdf and an excel version of the Medicare Supplement rate data collection document.

*** Long Term Care**

- Pre-stabilization rates must be filed separately from post-stabilization rates.
- Attach BOTH a pdf and an excel version of the Long Term Care rate data collection document.

*** Rate Data Collection Documents** for Medicare Supplement and Long Term Care are available for download from DIFP's web site.

- Go to <http://insurance.mo.gov/industry/forms/index.php>.
 - Scroll down that page to the heading for "Life and Health Rate Filing Documents".
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Filing Guidelines for SERFF:

- * A transmittal document is not required on SERFF filings. However, all applicable fields on the "General Information" tab need to be populated.
 - * ALL form, rates, and reports must be filed in SERFF. The Life & Healthcare Section will reject a paper form or rate filing.
 - * The Life & Healthcare Section will not respond to status inquiries on SERFF filings. SERFF allows companies instant access to the status of their filings.
 - * For more information, please review the General Instructions document in SERFF.
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Filing Guidelines for non-SERFF (paper submissions):

- * The Life and Healthcare Section accepts reports, rate and form filings through SERFF. If there is a document that is not appropriate to submit through SERFF, please contact the Life & Healthcare Section at **573-751-3365**.
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